

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **AMERICAN FUTURE FUND**(b) Address (number and street) ☐ check if different than previously reported
4225 FLEUR DRIVE #142(c) City, State and ZIP Code
DES MOINES IA 50321

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number**C** C30001028**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
01 / 17 / 2012

through

MM / DD / YYYY
01 / 24 / 2012**5. (a) Date of Public Distribution(s)**MM / DD / YYYY
01 / 24 / 2012(b) Communication Title Real State**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 FLEUR DRIVE #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Farmer

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 2008.48

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Barbara SmeltzerSIGNATURE Barbara Smeltzer[Electronically Filed] DATE 01/25/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control
A. (a) Name **Transaction ID : F91.000001**

Barbara Smeltzer

(b) Address (number and street) 4225 FLEUR DRIVE #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

University of Dubuque

(e) Occupation

Student Advisor

B. (a) Name **Transaction ID : F91.000002**

Sandra Greiner

(b) Address (number and street) 4225 FLEUR DRIVE #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

farmer

C. (a) Name **Transaction ID : F91.000003**

Allison Kleis

(b) Address (number and street) 4225 FLEUR DRIVE #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Consultant

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media, Inc.				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 17 / 2012 </div>	
Mailing Address of Payee 1850 M Street, NW, Suite 235				Amount <div style="border: 1px solid black; padding: 2px;"> 243.77 </div>	
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 24 / 2012 </div>		
Washington	DC	20036			
Name of Employer			Occupation		
Purpose of Disbursement (Including title(s) of communication(s))			Transaction ID : F93.000001		
Media production (Real State)					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC	Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate			Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate			Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 23 / 2012 </div>	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount <div style="border: 1px solid black; padding: 2px;"> 1764.71 </div>	
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 01 / 24 / 2012 </div>		
Towson	MD	21286			
Name of Employer			Occupation		
Purpose of Disbursement (Including title(s) of communication(s))			Transaction ID : F93.000002		
Media placement (Real State)					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC	Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000004					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate			Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate			Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px;">2008.48</div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;">2008.48</div>